


## Understanding Intellectual or Developmental Disabilities: A Training for Campus Police



**PFA**

2 hour

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**PATHFINDERS FOR AUTISM**

**De-Escalation Strategies**

This is not an exhaustive list of de-escalation strategies. If a caregiver is present, ask that person for tips on the person's triggers and calming strategies. Note, not all of these techniques will be effective for each person. You may have to try several of the listed options before discovering what works best for that person.


**Communication**

- Identify yourself
- Use non-threatening body language
- Call the person by their name
- If the person doesn't use verbal communication, allow them the opportunity to write or type
- Look to see if the person uses a communication device. If they do, read to help with them.
- Use active listening
- Ask questions one at a time
- Speak calmly
- Respond to their sentences and use direct, literal language - no sarcasm or slang terms
- When the person goes with you to a place where more personnel (if communication is not possible)
- Understand the person may need processing time and may not be able to respond to questions, commands or instruction immediately
- Consider using pictures or other visual, gestures, written text
- Let the person know how long you want to talk, and when they go to sleep. Ask a friend or the person to use how long they have and the break. Keep in mind some people may only be able to tolerate 10-15 or even only 3 minutes at a time.

**Redirection**

- Redirect using the person's passions. (e.g. if the person's passion is dogs, talk about your own dog, pull up pictures of dogs on the internet, etc.)
- Is there something you might have in your car or interest to share?

## Handouts



Sensory Issues  
 • Provide a quiet area if possible  
 • Call 911 and press 5 if you're to do so  
 • Turn down police radio  
 • If the person seems somewhat "lost to space", allow them to sit on their hands. Offer them to lean on your car, against a guardrail, sit in a chair or on the curb, etc.  
 • Retain the person of potential consequences of actions  
 • Guide the person through problem solving  
 • Redirect the person of going with you. Ask "When you are being this way, what help you?"  
 • If possible, give the person choices so they don't feel as though they have lost all control of the situation  
 General techniques  
 • Slow your movements down and soften your movements - make each action you do taking on your movements as predictable  
 • When doing a physical assessment for injury go down and (other than head/neck) The way you are going from head to neck, to chest, to waist, and that can help reduce anxiety  
 • If the person is not at risk for injuring themselves or others, or making a noise, and allow them time to decompress on their own.

For more information, contact:  
 Shelly McLaughlin, Director of Safety Programs  
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[pathfindersforautism.org/resources/safety/le-handouts/](http://www.pathfindersforautism.org/resources/safety/le-handouts/)

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## Why Should You Care?

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## Why Should You Care?

Americans with Disabilities Act (ADA) requires law enforcement agencies make reasonable modifications in their

- Policies
- Practices
- Procedures

Necessary to ensure accessibility for individuals with disabilities unless those modifications fundamentally alter the program or service

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## It's Not About Being Politically Correct

It's about **Respect**

- Rosa's Law 2010
  - replaces "mental retardation" with "intellectual disability" in federal health, education, and labor policy
- People First Language
- Treat adults as adults

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## Common Core Disability Characteristics

Disability	Visible Characteristics?	Communication /Language Processing Disorder	Sensory Processing Disorder	Social Interaction	Behavior
Autism	N	✓	✓	✓	✓
Cerebral Palsy	Y	✓	✓	✓	✓
Intellectual Disability	Y/N	✓	✓	✓	✓
* Down syndrome	Y	✓	✓	✓	✓
Tourette Syndrome	N	✓			✓
Fetal Alcohol Syndrome	Y				✓

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### Spectrum of Supports Needed

Traditional Model

- More impacted by characteristics
- May need more supports
- Mild characteristics
- May need fewer supports

Presume intellect  
More supports ≠ low intelligence

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### Spectrum of Supports Looks More Like This

Spectrum design by Rebecca Burgess

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### Prevalence Statistics (from CDC)

- **1 in 6** of children age 3-17 have a developmental disability
- 1 in 91 have an intellectual disability
- 1 in 323 have Cerebral Palsy
- 1 in 700 have Down Syndrome
- 1 in 360 have Tourette Syndrome
- 2 in 100 have Fetal Alcohol Syndrome

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### Prevalence Statistics

- About **1 in 31** children has been identified with an autism spectrum disorder (ASD) according to estimates from the CDC.
  - **1 in 20** boys
    - 1 in 70 girls
  - **1 in 38** children in Maryland
    - 1 in 93 girls
  - **1 in 24** boys in Maryland
    - 1 in 93 girls

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### Possible Interactions with Campus Police

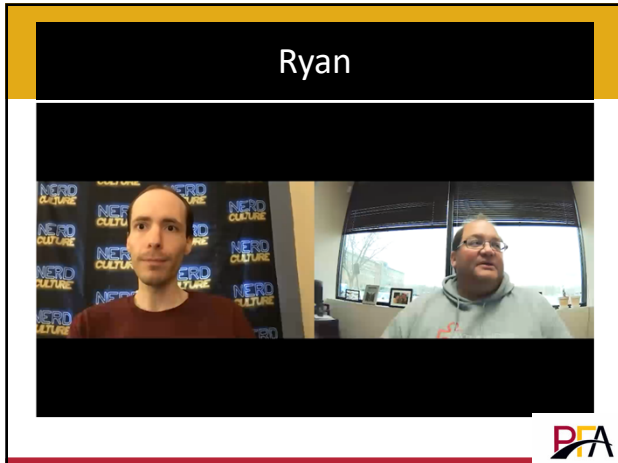
- Missing person
- Victim of a crime
- Behavioral Disturbance / Crisis Meltdown
- Substance Abuse
- Raise your right hand

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### Possible Interactions with Campus Police

- Criminal Activity
  - Alleged perpetrator
  - Cyber crime
  - Witness
- Considerations for arrests
  - Accommodations for physical limitations
  - Communication devices


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## Elopement and Wandering

- **26.7%** of all children with I/DD elope
- **49%** of children with ASD elope
- **1/3** (more than) cannot communicate their name, address or phone
- If critical missing is an adult – still requires immediate action



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## Elopement and Wandering



- **71%** of deaths related to wandering caused by drowning

A video showing a residential street with trees and a clear sky. The PFA logo is in the bottom right corner.

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## Elopement and Wandering – What to Do


- Google Map for bodies of water
- Get out of the car, go door to door with a photo
- Don't search with preconceived notions of where the person may/may not be
- Push caregivers about the amount of time a person has been missing
  - Let them know they aren't in trouble
  - Changes the parameter of search
- Use media and social media


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## Recommendations Police Can Make to Caregivers and Staff

- Personal ID – Identification card, medical ID bracelet, Safety Tat, shoe tag, IfINeedHelp.org
- Contact local dispatch so they will know your family, be aware of your situation, and can list emergency contact information if the person is found wandering
- Alert friends and neighbors
- Have the parents complete a First Responders Form
- Teach your child water safety



• [www.pathfindersforautism.org/resources/safety](http://www.pathfindersforautism.org/resources/safety)




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## IfINeedHelp.org

The image shows a sample form for 'IfINeedHelp.org' and a corresponding badge. The form includes fields for:
 

- FIRST NAME:** Glenn Myers, Pathfinders For Autism
- EMERGENCY CONTACT:** Janelle Myers, 443-686-1871
- ADDITIONAL INFORMATION:** Glenn Myers, 302 Whitestone Road, Forest Hill MD 21050

 The badge for 'Johnnie' includes a QR code and the text 'If I NEED HELP', 'Autistic/Allergies', and '911-4357'.



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## Risk of Victimization and Abuse

- Impaired cognitive abilities and judgment
- Physical disabilities and limitations
- Insufficient adaptive behaviors
- Constant interactions with “protectors” who exploit them
- Lack of knowledge of safety and ways to protect themselves
- Living/working in high-risk environments



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## Risk of Victimization and Abuse

- Inability to report victimization
- Inability to know how to seek help
- Eagerness to please others
- Inability to recognize an act is a crime
- Belief perpetrator is a “friend”
- Lack of awareness of seriousness of situation



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## Risk of Victimization and Abuse

- The individual’s reduced privacy
- Lack of teaching regarding healthy sexuality and decision-making
- Reduced expectation by caregivers and others
- Limited friendships and increased social isolation
- Negative attitudes toward those with disabilities



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## Seizures

Features can be:

- Muscle jerks
- Eyeball twitching
- Staring
- Inability to respond despite consciousness
- One body part twitching



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## Seizure or Behavior Triggers

- Sleep deprivation
- Missed medications
- Hormones
- Drugs and alcohol
- Extreme emotional stress
- Low blood sugar
- Bright lights



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## Exercise Time



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## Possible Interactions with Campus Police

- Missing person
- Victim of a crime
- Behavioral Disturbance / Crisis Meltdown
- Substance Abuse
- Raise your right hand



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## Communication/Language Processing Disorder

- May communicate with or without words
- May use alternative mode of communication – iPad or other assistive technology, gestures, sign language, PECS
- May be verbal, but unable to sustain a conversation
- May only cite scripts or use echolalia
- May use repetitive or idiosyncratic language (ASD and Tourettes)
- Articulation difficulties (ID/Down syndrome and Cerebral Palsy)



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## Communication/Language Processing Disorder

- May only understand direct language
  - May be able to speak but answers may seem blunt or tactless
  - May be unable to understand sarcasm, metaphors or euphemisms



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## Communication/Language Processing Disorder



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## Communication/Language Processing Disorder

- May appear deaf and may not respond to verbal cues
- Receptive and Expressive Language may require additional processing time



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## Communication/Language Processing Disorder



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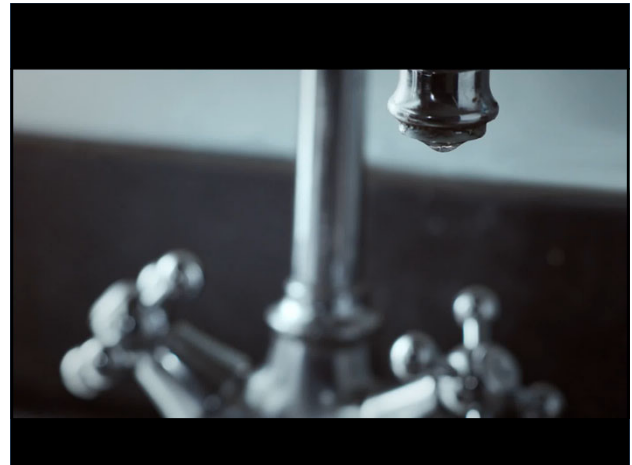
When Interacting with a Person with a Developmental Disability . . .

ANXIETY

PROCESSING




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Sensory Processing


- sensitivity to sound, light and touch
- easily over-stimulated
- under-stimulated
- difficulty with body awareness and balance



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Social Interaction


- May not make eye contact
- May not pick up on social cues or body language
- May not understand personal space
- May be huggers or kissers
- Down syndrome – may be overly social and not recognize the seriousness of situation



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Social Interaction


- May lack social or emotional reciprocity
- May not respond “appropriately” – may laugh or giggle at inappropriate times
- Cerebral Palsy – may not be able to show signs of emotion
- May not develop peer relationships



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Behavioral Effects

- May have obsessive tendencies (passions)
- May act impulsively
- Anxiety creates repetition
- Medication effects




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## “Bad Behaviors”

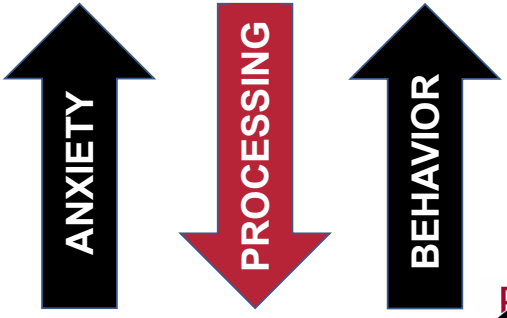
- All “behaviors” should be seen as communication
- People may engage in “acting out” or “aggressive behavior” because of:
  - The inability to communicate ideas, pain or mental health experience in ways that are effective, reliable and universally understandable\*
  - Difficulty adjusting to new routine or situation


\*From William Stillman, “Presuming Intellect”



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## When Interacting with a Person with a Developmental Disability . . .






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## Campus Police Considerations


**Individuals with a developmental disability MAY –**


- Not want their disability to be recognized (and try to cover it up)
- Pretend to understand their rights when they don’t
- Seem less credible as a result of behaviors
- Say what they think you want to hear



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## Eric’s Law





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## Campus Police Considerations

**Individuals with a developmental disability MAY --**

- Invade your personal space
- Reach for your badge or gun due to curiosity
- Not react well in emergency situations or recognize real danger (may re-enter burning building, touch downed power lines, etc.)
- Appear to be under the influence of alcohol or drugs



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## Campus Police Considerations

**Individuals with an I/DD MAY --**

- Have a high tolerance for pain
- Evaluate for injury toe to head






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## Campus Police Considerations

### Individuals with a developmental disability MAY –

- Be overwhelmed by police presence
- Not recognize the uniform as a sign of authority
- Not know what to do or how to seek help
- Be confused about who is responsible for the crime



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## Campus Police Considerations

### Individuals with a developmental disability MAY –

- Repeat words or mimic gestures of the officer
- Have difficulty describing facts or details
- React with “fight”, “flight” or “freeze”
- Answer “no” or “why” to all questions



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## Campus Police Considerations

### Individuals with a developmental disability MAY –

- Not respond to “stop” or other commands
  - Processing delay
  - Distractions
  - Physical limitations



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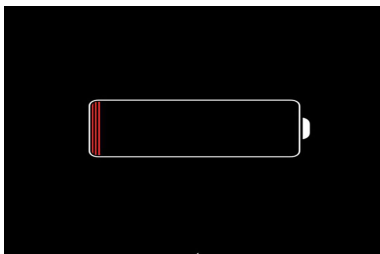
## Misinterpreted Actions



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## Crisis

- Real or Perceived = REAL



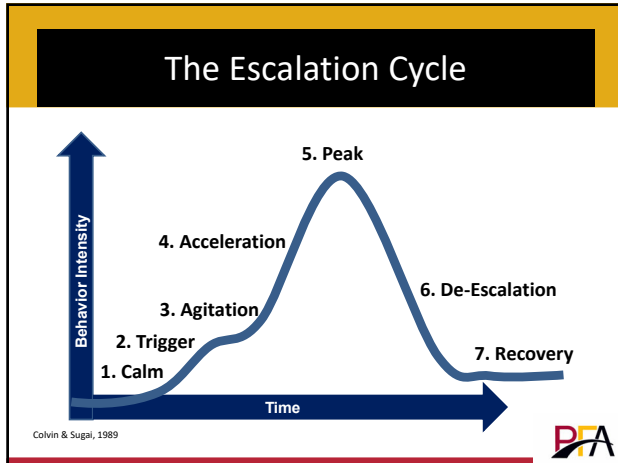
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## Possible Signs of Escalation

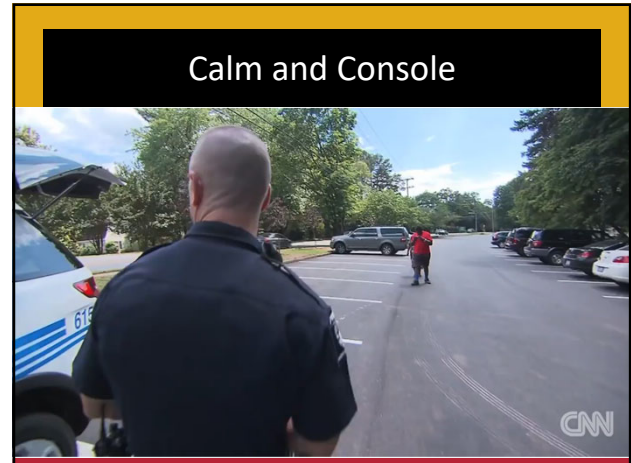
- Increasing resistance to requests
- Refusal
- Questioning
- Challenging
- Change in tone and volume of voice
- Focus on technology
- Sense of loss of control
- Increasing physical activity
- Loud
- Self-talk
- Swearing to self



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### When Interacting with a Person with a Developmental Disability . . .

De-escalation techniques

- Be patient and give the person space
- Be alert to signs of increased frustration and try to eliminate the source if possible as behavior may escalate
- Use passions to redirect
- Avoid quick movements and loud noises
- Do not touch the person unless absolutely necessary

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### When Interacting with a Person with a Developmental Disability . . .

- Be aware that the person might have low/under-developed muscle tone

- If in custody, alert jail authorities

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### When Interacting with a Person with a Developmental Disability . . .

- Use simple sentences-avoid metaphors and sarcasm
- Ask questions one at a time
- Provide paper for the person to write/draw responses
- Give plenty of time for the person to process the information and respond
- Answering individual's questions may minimize anxiety

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### Conducting an Interview

- Use his name at the start of each sentence so they know you are addressing them
- Explain how long the interview is going to last, and what will happen at the end
- Allow for frequent breaks
- Maintain a calm environment; minimize distractions, e.g., sensory
- Use clear, concise and simple language – no sarcasm, metaphors
- Ask questions one at a time
- Allow time for the person to process and respond


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IMPROVING THE LEVEL OF PEOPLE WITH AUTISM AND THE PEOPLE WHO CARE FOR THEM

**PATHFINDERS FOR AUTISM** **De-Escalation Strategies**

# Handouts



This is not an exhaustive list of de-escalation strategies. If a caregiver is present, ask that person for tips on the person's triggers and calming strategies. Often, not all of these techniques will be effective for each person. You may have to try several of the listed options before discovering what works best for that person.

**Communication**

- Identify yourself
- Use non-threatening body language
- Call the person by their name
- If the person doesn't use verbal communication, allow them the opportunity to write or type
- Look to see if the person uses a communication device. If they may need to help to write them.
- Use active listening
- Ask questions one at a time
- Speak calmly
- Speak in short sentences and use direct, literal language - no sarcasm or slang terms
- Have the person go with you to a place where more personal (1:1) communication can occur
- Understand the person may need processing time and may not be able to respond to questions, comments or instruction immediately
- Consider using pictures or other visual, gestural, written text
- Let the person know how long you want to talk, and when they get a break. Ask a friend if the person can use how long they have until the break. Keep in mind some people may only be able to tolerate 10-15 or even only 5 minutes at a time.

**Reflection**

- Reflect using the person's passions (e.g. if the person's passion is dogs, talk about your own dog, pull up pictures of dogs on the internet, etc.)
- Is there something you might have in your car of interest to them?

**Sensory Issues**

- Point to a quiet area if possible
- Car lights and music if safe to do so
- Turn down phone radio
- If the person opens car/double "lost in space" allow them to drive themselves. Offer them to lean on your car, against a guardrail, sit in a chair or on the back seat.

**Make the person feel empowered**

- Retire the person of potential consequences of actions
- Guide the person through problem solving
- Refrain from saying "calm" and "when you are feeling better, we will help you"
- If possible give the person choices so they don't feel as though they have lost all control of the situation


**General techniques**

- Show your movements down and sideways your movements - give each action you are taking one your movements in a predictable
- When doing a physical assessment for injury go clockwise (not counter-clockwise) This way you are going from least invasive to most, and that can help reduce anxiety
- If the person is not at risk for hurting themselves or others, try to wait it out and allow them time to decompress on their own.

For more information, contact:  
Shelly McLaughlin, Director of Safety Programs  
smclaughlin@pfamd.org

www.pathfindersforautism.org

[pathfindersforautism.org/resources/safety/le-handouts/](http://pathfindersforautism.org/resources/safety/le-handouts/)



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# FOR MORE INFORMATION

**PATHFINDERS FOR AUTISM**  
SAFETY • COMMUNITY • RESOURCE

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# De-Escalation Strategies

This is not an exhaustive list of de-escalation strategies. If a caregiver is present, ask that person for tips on the person's triggers and calming strategies. Note, not all of these techniques will be effective for each person. You may have to try several of the listed options before discovering what works best for that person.

## Communication

- Identify yourself
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- Call the person by their name
- If the person doesn't use verbal communication, allow them the opportunity to write or type.
- Look to see if the person uses a communication device. If so, they may need to keep it with them.
- Use active listening
- Ask questions one at a time
- Speak calmly
- Speak in short sentences and use direct, literal language – no sarcasm or slang terms
- Have the person go with you to a place where more personal (1:1 communication) can occur
- Understand the person may need processing time and may not be able to respond to questions, commands or instruction immediately
- Consider using pictures or other visuals, gestures, written text
- Let the person know how long you want to talk, and when they get a break. Set a timer so the person can see how long they have until the break. Keep in mind some people may only be able to tolerate 10, 5 or even only 3 minutes at a time.

## Redirection

- Redirect using the person's passions (ex. if the person's passion is dogs, talk about your own dog, pull up pictures of dogs on the internet, etc.)
- Is there something you might have in your car of interest to them?

## Sensory issues

- Move to a quiet area if possible
- Cut lights and sirens if safe to do so
- Turn down police radio
- If the person seems somewhat "lost in space", allow them to anchor themselves. Offer them to lean on your car, against a guardrail, sit in a chair or on the curb, etc.

## Make the person feel empowered

- Remind the person of potential consequences of actions
- Guide the person through problem solving
- Remind the person of coping skills: Ask "when you are feeling this way, what helps you?"
- If possible give the person choices so they don't feel as though they have lost all control of the situation

## General techniques

- Slow your movements down and telegraph your movements – state each action you are taking so your movements are predictable
- When doing a physical assessment for injury, go toe-to-head (rather than head-to-toe). This way you are going from least invasive, to most, and that can help reduce anxiety.
- If the person is not at risk for injuring themselves or others, try waiting it out and allow them time to decompress on their own.



## Questions Dispatchers and First Responders Should Ask

This is not an exhaustive list, however these questions and tips offer the basics in information gathering when a person with an intellectual/developmental disability (IDD) is involved.

### General Questions for the Caregiver

- Does the person have a disability or mental health condition we should be aware of?
- What are the person's triggers, fears and passions?
- What coping strategies does the person typically use?
- Does the person have sensory issues? What is their tolerance for lights, sounds, touch?
- What communication methods does the person prefer?
- What assistance does the person need? Do they need time? Support? Space?
- Is the person threatening to hurt themselves or others?
- Is the person on any medications?
- Is the person afraid of police? Will they recognize a police uniform?

### Critical Missing - Questions for the Caregiver

- Does your child have a favorite or typical place where they go? (Or has expressed a desire to go?)
- What are your child's triggers, fears and passions? Include specific resources used by search teams – K9s, helicopter, police, police cars, etc.
- Will your child respond to their name?
- Do they have any form of identification on them?
- Do they have sensory issues? What about tolerance for lights, sounds, touch?
- Where are the bodies of water?
- Can your child swim or understand water safety?
- How long has the person been missing? (push for an accurate time frame)
- Is the person on any medications?
- Is the person afraid of police? Will they recognize a police uniform?

### Tips when questioning an individual with an intellectual or developmental disability:

- Ask open-ended questions, such as, "What is happening?" or "How can I help you?"
- Avoid questions requiring abstract thinking such as, "How old do you think he was?"
- Do not pretend to understand a response
- Be alert to signs of increased frustration
- Tell the person what actions you are taking
- If the person doesn't use verbal communication, allow them the opportunity to write, type, or use pictures.
- Look to see if the person uses a communication device. If so, they may need to keep it with them
- Ask questions one at a time
- Speak calmly
- Speak in short sentences and use direct, literal language – no sarcasm or slang terms
- Understand the person may need processing time and may not be able to respond to questions immediately
- Expect and allow for rocking or other self-soothing behaviors
- Take your time, there's no need to rush or add undue pressure once you know the person is safe

Should any medical attention be required, notify the medics as soon as possible that the person has an IDD. If medical attention is non-emergent, introduce the medics as though you were introducing a friend of yours to another friend. If you, the officer, have built a rapport with the person, consider riding in the medic with them in an effort to minimize any anxiety or sensory overload.



# Critical Missing Persons

## If you find an individual with an Intellectual/Developmental Disability (IDD)

Exercise care when looking for identification, labels, shoe tags, etc. Keep your movements slow and tell the person each action you're taking so your movements are predictable. Consider starting from toe to head instead of head to toe (this way you're going from least invasive to most - and that can help reduce anxiety).

### Look for the following items:

- State ID
- Look for Emergency Contacts listed on ID (scroll to bottom of soundex)
- Labels in/on clothing
- Shoe tags
- Medic Alert bracelets
- Temporary tattoos

### Assess for possible abuse or neglect

- Once you have identified where the person lives, pause before simply taking them back.
- Abuse and neglect are common – individuals with I/DD are 4-10 times more likely to be victimized than the general population. This is the case for both relatives and non-familial caregivers.
- Look in the house for other signs of possible abuse and neglect
- If you suspect abuse or neglect, call the proper agency for an investigation:
  - For children - Child Protective Services (CPS)
  - For adults - Adult Protective Services (APS)

**26.7%** of all children with IDD elope

**49%** of children with Autism Spectrum Disorder (ASD) elope from a safe environment

**More than 1/3** of children with ASD cannot communicate their name, address or phone number

**71% of deaths** related to wandering caused by drowning

## If you are searching for someone

### Questions to ask the caregiver

- Has the person ever eloped before?
- If so, where did the person go?
- Can your child swim or understand water safety?
- Does the person have family/friends or favorite place nearby they might be trying to visit?
- Is the person able to verbally communicate? If no, how does the person communicate?
- Will the person respond to their name?
- Will they bolt and run (do they lack regard for safety/traffic)? Do they like to be chased (think it is a game)?
- What developmental/cognitive age would you describe the person? Would they be able to perform any self-care tasks, ie. going to the bathroom alone, seeking shelter from inclement/dangerous weather, seek out food/water for themselves?
- Is the person on any medications?
- What are the person's passions?
- Is the person afraid of dogs and helicopters, or would K9 and aviation draw him out?
- Is the person afraid of police? Will they recognize a police uniform?

<https://pathfindersforautism.org/resources/safety/>



# Critical Missing Persons

*...continued*

## What to do in a search

- Google Map for bodies of water – SEND OFFICERS THERE IMMEDIATELY
- Call in resources to saturate the area
- Get out of the car, go door to door with a photo
- Don't search with preconceived notions of where the person may/may not be
- Push caregivers about the amount of time a person has been missing
  - Let them know they aren't in trouble
  - Changes the parameter of search
- Use media and social media
- Don't let distractions keep you from your search (ex., end of shift)
- Check hospitals – GO THERE
- Pass look-outs on to metro, neighboring jurisdictions, etc.
- Have neighbors check their houses
- Minimum of 2 officers check house (or last place seen) independently
- Use Reverse 9-1-1 / A Child Is Missing to get the information out (this service is an auto-dialer that will call households within a zipcode(s) area and notify residents of critical missing children or vulnerable adults)
- Should any medical attention be required, notify the medics as soon as possible that the person has an IDD. If medical attention is non-emergent, introduce the medics as though you were introducing a friend of yours to another friend. If you, the officer, have built a rapport with the person, consider riding in the medic with them in an effort to minimize any anxiety or sensory overload.